

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

PEE DEE COMMUNITY FELLOWSHIP CHURCH

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2012 - 370 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: BRYAN CHAPMAN

Telephone: 843-250-1108

Address: PEE DEE COMM. FELLOWSHIP CHURCH

Fax: 843-679-9747

P.O. BOX 12256

Other:

FLORENCE, SC 29504

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☐ Application - Class C Charter

☒ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement
- ☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other:

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

Date: 10-12-12

CLASS C - CHARTER BUS

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

PEE DEE COMMUNITY FELLOWSHIP CHURCH

1110 S IRBY STREET, FLORENCE, SC 29506

Street Address of Applicant

P.O. BOX 12256, FLORENCE, SC 29504

Mailing Address of Applicant (if different from street address)

843-250-1108

Phone

843-679-9747

Fax

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

BRYAN CHAPMAN 217 E HOWE SPRINGS RD., FLORENCE, SC 29505

VICKIE WALL 337 GARRETT CIRCLE, FLORENCE, SC 29505

DESCRIPTION OF EQUIPMENT

[illegible]



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 10/12/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER FRED JONES COMPANY INC. PO Box 6675 Florence, SC 29502		CONTACT NAME: PHONE (A/C No. Ext): (843) 662-9401 FAX (A/C No.): (843) 669-2851 E-MAIL ADDRESS: shobson@fjcins.com	
INSURED PEE DEE COMMUNITY FELLOWSHIP CHURCH PO BOX 12256 FLORENCE, SC 29504 (843) 307-4951		INSURER(S) AFFORDING COVERAGE INSURER A: NATIONAL CASUALTY COMPANY INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CAO0245719	05-27-12	05-27-13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

VEH'S FOR HIRE: 1995 INTERNATIONAL S#1HVBBAAN7SH675121
 1984 INTERNATIONAL S#1HVLPHXL3EHA41932
 1989 CHEVROLET S#2GBHG31K2K4155076

CERTIFICATE HOLDER

OFFICE OF REGULATORY STAFF
 TRANSPORTATION DEPT
 1401 MAIN ST, STE 900
 COLUMBIA, SC 29201

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Exhibit Fit, Willing, and Able (FWA)

PEE DEE COMMUNITY FELLOWSHIP CHURCH

Name of Applicant

2198793

U.S.D.O.T No.

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes ☐ No

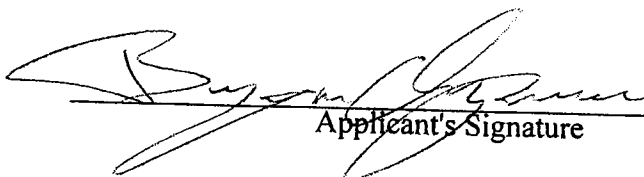
5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



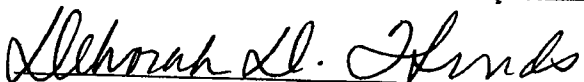
Applicant's Signature

PASTOR

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF FLORENCE)

SWORN TO BEFORE ME
This 12TH day of OCTOBER, 2012




Notary Public

Commission Expires 2-10-19

S.C. DOCUMENT OF REGISTRATION
S.C. DEPARTMENT OF MOTOR VEHICLES

KEVIN A. SHWEDO
EXECUTIVE DIRECTOR

PLATE NUMBER	BU20404	TITLE	770210227411654
PLATE CLASS	BU	EQUIPMENT NO.	
ISSUE DATE	01/31/2012	COUNTY	21
PLATE EXP.	12/2012	VEHICLE NO.	20858871
DECAL EXP.	12/2012	FLEET NUMBER	
VIN	1HVBBAAN7SH675121		
YEAR	1995		
MAKE	INTL		
BODY	BU		
MODEL	3000 S		
VEHICLE TYPE	1		
EMPTY / GVW	2550 / 0		

CUSTOMER NO. 30956554
PEE DEE COMMUNITY FELLOWSHIP CHURCH

1110 S IRBY ST FLORENCE	SC 295015243	24521081
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S.C. DOCUMENT OF REGISTRATION
S.C. DEPARTMENT OF MOTOR VEHICLES

KEVIN A. SHWEDO
EXECUTIVE DIRECTOR

APPLICATION INSTRUCTIONS

PLATE NUMBERBU19480

PLATE CLASSBU

ISSUE DATE09/20/2012

PLATE EXP.10/2013

DECAL EXP.10/2013

VIN1HVLPHXL3EHA41932

YEAR1984

MAKEINTL

BODYBU

MODEL

S SERI

VEHICLE TYPE1

EMPTY / GVW16000 / 0

TITLE770210239957397

EQUIPMENT

COUNTY21

VEHICLE NO.18499914

FLEET NUMBER

- 1. Clean plate thoroughly and dry plate completely.
- 2. Remove backing paper by bending over finger at scoreline face up, pull decal slowly.
- 3. Position on clean and dry plate as shown below.
- 4. Firmly press and rub decal and edges down with thumb.

PEEL HERE

PLACEMENT INSTRUCTIONS
ON REVERSE

CUSTOMER 30956554
PEE DEE COMMUNITY FELLOWSHIP CHURCH

1110 S IRBY ST
FLORENCE

SC 295015243

31974033

PLEASE NOTE: Make sure all information is correct before placing license plate or decal on your vehicle. South Carolina Code of Law 23-3-460 requires a person convicted of a sex offense to register with the county sheriff within 10 days of establishing residency in this state.

401 AV

PEE DEE COMMUNITY FELLOWSHIP CHURCH
PO BOX 12256
FLORENCE, SC 295042256

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL FILED IN THIS OFFICE

FILED

APR 14 2004

STATE OF SOUTH CAROLINA
SECRETARY OF STATE
NONPROFIT CORPORATION
ARTICLES OF INCORPORATION

APR 14 2004

Mark McManis 2
SECRETARY OF STATE

M. J. Jones
TYPE OR PRINT CLEARLY IN BLACK INK
SECRETARY OF STATE OF SOUTH CAROLINA

Pursuant to Section 33-31-202 of the South Carolina Code of Laws, as amended, the undersigned corporation submits the following information:

1. The name of the nonprofit corporation is Pee Dee Community Church
2. The initial registered office of the nonprofit corporation is 348 Fairhaven Road

Florence	Florence	South Carolina	29501
City	County	State	Zip Code

The name of the registered agent of the nonprofit corporation at that office is

Alan Cribb

Print Name

I hereby consent to the appointment as registered agent of the corporation.

Alan Cribb
Agent's Signature

3. Check "a", "b", or "c" whichever is applicable. Check only one box:
 - a. ☐ The nonprofit corporation is a public benefit corporation.
 - b. ☒ The nonprofit corporation is a religious corporation.
 - c. ☐ The nonprofit corporation is a mutual benefit corporation.
4. Check "a" or "b", whichever is applicable:
 - a. ☒ This corporation will have members.
 - b. ☐ This corporation will not have members.
5. The address of the principal office of the nonprofit corporation is

348 Fairhaven Road	Florence	Florence	South Carolina	29501
Street Address	City	County	State	Zip Code
6. If this nonprofit corporation is either a public benefit or religious corporation (when box "a" or "b" of paragraph 3 is checked), complete either "a" or "b", whichever is applicable, to describe how the remaining assets of the corporation will be distributed upon dissolution of the corporation.
 - a. ☐ Upon dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future Federal tax code, or shall be distributed to the Federal government, or to a state or local government, for a public purpose. Any such asset not so disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated

TIFIED TO BE A TRUE AND CORRECT COPY
TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

SEP - 2 2004

STATE OF SOUTH CA
SECRETARY OF STATE

NONPROFIT CORPORATION
ARTICLES OF AMENDMENT

Mark Hammer
SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY WITH BLACK INK

Pursuant to the provisions of Section 33-31-1005 of the 1976 South Carolina Code of Laws, as amended, the applicant delivers to the Secretary of State these articles of amendment.

1. The name of the nonprofit corporation is Pee Dee Community Church
2. Date incorporated April 14, 2004
3. Specify (a) the text of every amendment adopted, and (b) list when each amendment was adopted.
Change the name from "Pee Dee Community Church" to "Pee Dee Community Fellowship" and
amend Articles of Incorporation with the 501c3 Attachment. (Adopted August 21, 2004)
4. ☒ By checking this paragraph #4 the applicant represents that (a) approval of the amendment by the members was not required, (b) the amendment was approved by a sufficient vote of the board or directors or the incorporators. (Do not check this paragraph #4 if member vote was required or if the required vote of directors or incorporators was not obtained.)
5. If the approval of the members was required to adopt the amendment(s), provide the following information:
 - (a) Designation (Classes of Membership)
N/A
 - (b) Number of memberships outstanding
N/A
 - (c) Number of votes entitled to be cast by each class entitled to vote separately on the amendment
N/A
 - (d) Number of votes of each class indisputably voting on the amendment
N/A
 - (e) Complete one of the following as appropriate
 - (i) Total number of votes cast for and against the amendment by each class entitled to vote separately N/A
 - (ii) Total number of undisputed votes cast for the amendment by each class which was sufficient for approval for that class N/A



1320 W EVANS STREET
P.O. BOX 6675
FLORENCE, S.C. 29502
Phone: (843) 662-9401
Fax: (843) 669-2851
Email: shobson@fjcins.com

**Fred Jones
Company, Inc.**

INSURANCE

Fax

To: PUBLIC SERVICE COMMISSION **From:** R. Scott Hobson

Fax: 803-896-5199 **Pages:** 12

Attn: Clerk's Office **Date:** 10-12-12

Re: Pee Dee Community Fellowship Church **Policy#** CAO0245719

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

• **Comments:**

Please see attached, Class C Charter Bus application. Please note Class C Charter application follows under separate cover. If anything further is needed, please don't hesitate to contact our office.

Thanks, Scott

Thanks, Scott

Confidentiality Notice

The information contained in this facsimile message may be legally privileged or confidential information intended only for the use of the individual or entity named above. If you are not the intended recipient, you are notified that any dissemination, distribution, or copying of this facsimile is strictly prohibited. If you have received this facsimile in error, please immediately notify us by telephone so that we can arrange for its disposition.